

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.
APPLICANT(S)

10743748

FILED DATE

12 24 03

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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5						
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7		3		3		3
8		3		3		3
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50						
TOTAL IND.	4		4		5	
TOTAL DEP.	17		17		21	
TOTAL CLAIMS	21		21		26	

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL DEP.						
TOTAL CLAIMS						